



Injury Center *Connection*

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CDC Injury Center Leadership News



Dr. Ileana Arias

Dr. Ileana Arias, Director of the National Center for Injury Prevention and Control (NCIPC) at the CDC, has been selected to serve as the Acting Principal Deputy Director for CDC/ATSDR and to the new Director of CDC, [Dr. Thomas Frieden](#) effective July 28, 2009. In this role, Dr. Arias is serving as Dr. Frieden's principal advisor on all scientific and programmatic activities of CDC/ATSDR. She will also serve as Acting Director of CDC and Acting Administrator of ATSDR in Dr. Frieden's absence. As Acting Deputy Director, she will work with Dr. Frieden in the executive responsibilities of shaping policies and plans for CDC/ATSDR, including overseeing organizational improvement activities. Ileana also continues to serve as Senior Advisor of the Organizational Improvement Team. She is helping to ensure that the process and recommendations are in tune with the agency's strategic direction.

Also effective July 28, 2009, [Louise Galaska](#) has been serving a temporary detail leading NCIPC until a permanent Director is selected. Louise had been the Chief Management Official (CMO) in the Coordinating Center for Environmental Health and Injury Prevention (CCEHIP). Louise completed undergraduate studies at Barat College, earning two Bachelor of Arts degrees—one in history and one in American studies. She then went to work for CDC in the Chicago Health Department and learned public health through “shoe-leather” epidemiology. She spent the next 15 years working in STD, HIV, and TB control and prevention in state and local health departments. In 1993, she came to Atlanta and, for the next eight years worked in cancer prevention and control with NCCDPHP. In 2001, she joined NCIPC as Deputy Director and became the CMO for CCEHIP in 2006.



Louise Galaska



Dr. Robin Ikeda

In addition, [Dr Robin M. Ikeda](#), has been appointed as Acting Deputy Director for Non-communicable Diseases, Injury and Environmental Health. In this position, she is responsible for providing guidance and leadership to CDC's scientific and programmatic portfolios. Prior to this position, from April 2006 to September 2009, Dr. Ikeda served as the Associate Director for Science at the National Center for Injury Prevention and Control (NCIPC).

Please join us in thanking Dr. Arias and Dr. Ikeda for her vision and leadership. We are excited about the opportunities for greater integration and visibility of injury and violence prevention within CDC.

On or about December 1, 2009, CDC will request applications for the position of Director of the National Center for Injury Prevention and Control (NCIPC), through the federal hiring mechanism called [USA Jobs](#). We will be accepting applications from leaders in the field of injury and violence prevention and control and ask for your assistance in reaching out to well-qualified scientists and practitioners in your networks who may be excellent candidates for this position.

For further information about the position, interested parties may contact Donna Knutson, Deputy Director, NCIPC, at 770-488-4694 or email Dknutson@cdc.gov.

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Peer Victimization Linked to Youth Suicide

Youth who are threatened, experience physical violence, or are injured by peers, report more suicidal thoughts and behavior than non-victimized youth, according to a study released in the July 19, 2009 online edition of the *Journal of Pediatrics*. Conducted by scientists at the Centers for Disease Control and Prevention (CDC), the study documents a significant connection between this type of peer victimization and youth [suicide](#).



Scientists measured physical violence by peers, a form of peer victimization that can occur during bullying and other incidents, and, the relationship to suicidal thoughts and behaviors. Findings show that youth threatened or injured by a peer were 2.4 times more likely to report suicidal thoughts, and 3.3 times more likely to report suicidal behavior than non-victimized peers.

Youth suicide is a serious problem that can have lasting harmful effects on individuals, families, and communities. Investing in programs and policies that reduce peer victimization experiences in schools might have far-reaching effects on suicidal behavior. [Learn About Efforts to Prevent Suicide](#)

Data Updates

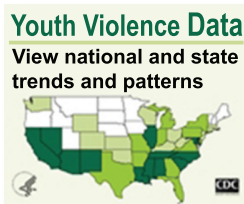
New CDC Website for Youth Violence Statistics

Violent injury and death disproportionately affect adolescents and young adults in the United States. Homicide is the second leading cause of death among youth aged 10-24 years. [Violence](#) is also a major cause of nonfatal injuries among youth.

However, it is possible to prevent violence and help our youth to live healthier and more fulfilling lives. Monitoring and tracking trends in [youth violence](#) across the U.S. provides critical data to help prevent youth violence.

CDC's new [website](#) provides national and state-specific statistics on youth homicide and non-fatal assault-related injury rates. These data can help public health officials, researchers, practitioners and the public to describe and monitor youth violence trends and to develop and evaluate prevention programs and strategies. Together we can create communities in which youth are safe from violence.

Also, CDC Injury Center has recently updated the Ten Leading Cause of Death and Injury Charts. To view and download color charts go [here](#).



granteeCorner

Injury Control Research Center Awards

The Centers for Disease Control and Prevention's (CDC's) Injury Center has designated two new Injury Control Research Centers (ICRCs) and is renewing two others. The new ICRCs are **Brown Center for Violence and Injury Prevention, Washington University, St Louis, MO** and **Emory Center for Injury Control, Emory University, Atlanta, GA**. Each will be funded for five years.

Two current ICRCs were renewed for five years, including **UNC Injury Prevention Research Center, University of North Carolina, Chapel Hill, NC** and the **Center for Injury Research and Policy, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD**.

To learn more about these awards go to: <http://www.cdc.gov/injury/erpo/funding/index.html>

UPCOMING Injury Events

Webinars

- Child Maltreatment Prevention Webinar
"A Better Start: Child Maltreatment Prevention as a Public Health Priority"
September, 2009
Learn more by contacting Erica Mizelle @ mei2@cdc.gov

Meetings and Conferences

- National Environmental Public Health Conference
October 26-28 • Atlanta, GA
<http://www.team-psa.com/2009nephc/main.asp>
- 137th APHA Annual Meeting
November 7-11 • Philadelphia, PA
<http://www.apha.org/meetings/>

Health Observances

- Fire Prevention Week (October 4-10, 2009)
- Domestic Violence Awareness Month (October, 2009)

Policy IN ACTION

CDC Injury Center: Linking Transportation and Public Health Policy



NCIPC has been collaborating with other CDC centers to develop a set of policy recommendations that link transportation and public health policy. The recommendations reflect needs for policy change in injury prevention, chronic disease prevention, and environmental health, and they represent a comprehensive view of how public health can inform and enhance transportation policy at the federal, state, and local levels. We anticipate having an agency-wide transportation policy statement that addresses these three critical public health topics.

This collaboration began with a national partner meeting in November 2008 that included representatives from the public health, transportation, engineering, and other sectors. These partners have been working together to advance transportation policy in a number of ways, and the American Public Health

Association took the lead in furthering partners' efforts beyond the November meeting. NCIPC is working with its CDC partners and many external partners to continue advancing transportation policy and will be promoting the use of the transportation and public health policy recommendations by partners in briefing documents, talking points, and published materials. To learn more about how NCIPC is linking transportation and public health policy, contact Sara Patterson at Spatterson@cdc.gov.

congressional Update

NCIPC Briefings

Since May 2009, NCIPC has participated in the following Congressional briefings:

Senator Patty Murray's (D-WA) Office
Representative Heath Shuler's (D-NC) Office
House Energy and Commerce Committee

Briefing topics included childhood injuries and child maltreatment prevention.

In addition, NCIPC joined the National Complete Streets Coalition for a Congressional briefing in June 2009 to bring awareness of the coalition's mission to staffers and members of Congress, and to encourage adoption of Complete Streets policies. Dr. Ileana Arias spoke as a panelist on the burden and statistics of transportation-related injuries in the United States. This briefing was attended by a variety of members' offices, including Representatives Albio Sires, Charles Rangel, Dan Burton, David Price, Donna Edwards, F. James Sensenbrenner, Grace Napolitano, Keith Ellison, Jason Altmire, Jim Cooper, John Bocchieri, Lucille Roybal-Allard, Marion Berry, Mike Quigley, Patrick Kennedy, Russ Carnahan, Stephen Cohen, Nancy Pelosi, Timothy Johnson, as well as, Senators Bernard Sanders, John Kerry, and Tom Harkin.



FY 2010 Appropriations



On July 24, the House Appropriations committee funded CDC at \$6.68 billion. Funding for Injury Prevention and Control was included at \$148.6 million, a \$3.4

million increase primarily slated for domestic violence/sexual violence as requested in the FY 2010 President's Budget. The bill also includes separate budget lines for older adult falls and the Injury Control Research Centers, but does not provide increased funding for these activities.

On July 30, the Senate Appropriations committee funded CDC at \$6.8 billion and further recommended \$148.6 million for the Injury Center. This also reflects an increase of \$3.4 million above the FY 2009 Enacted, primarily for domestic violence/sexual violence. The FY 2010 Senate Mark does not include a new line for the Injury Control Research Centers or older adult falls.

The full Senate is expected to vote on the Senate version of the appropriation bill in the upcoming weeks. When full Senate approval has been gained, Conference proceedings will begin to address differences in the House and Senate versions of the bill.

Child Maltreatment Prevention Webinar

A Better Start: Child Maltreatment Prevention as a Public Health Priority

Did you know some of the worst adult health problems in the nation can be linked to the toxic stress resulting from adverse experiences in childhood? Population health priorities including obesity, heart disease, and diabetes are associated with harmful childhood experiences such as abuse or neglect.

How public health agencies can make a difference in the lives and health of both children and adults was the topic of discussion at this Webinar hosted by the Injury Center's Division of Violence Prevention on September 10, 2009. James Mercy, PhD and Jack Shonkoff, MD, experts in child maltreatment prevention and early childhood development, respectively, discussed several topics, including the important role public health agencies can and do play in preventing child maltreatment; the body of research linking harmful childhood experiences with longterm quality of life; and how public health agencies can prevent child maltreatment by using the concept of safe, stable, nurturing relationships.

Click on-demand [Link](#) to view the Webinar.

To learn more about the Webinar, contact Erica Mizelle at mei2@cdc.gov.

To learn more about preventing child maltreatment, go to: www.cdc.gov/ViolencePrevention/.



staffKudos

Dr. Rita Noonan: Appointed CDC's Division of Unintentional Injury "Home and Recreation" Team Leader

CDC's Division of Unintentional Injury Prevention (DUIP) is pleased to announce that Dr. Rita Noonan was selected as the permanent Home and Recreation Team Leader in DUIP. Dr. Noonan has served as the acting team leader since July 2008. Staff on the Home and Recreation team conduct epidemiologic, intervention, and programmatic research on a diverse array of injury topics, including the Center-level priority: older adult fall prevention.

Dr. Noonan received her doctoral degree in sociology from Indiana University in 1998. She joined CDC's Division of Violence Prevention in 2001 as a Behavioral Scientist, where she focused on creating a bridge between research and practice. Dr. Noonan worked on several projects related to sexual and teen dating violence prevention, program planning and evaluation, and translation research. The published results of this work can be found in *Health Promotion Practice*, *The American Journal of Community Psychology*, and *Violence Against Women*.

Prior to joining CDC, Dr. Noonan worked as a sociology and women's studies professor at the University of Iowa. In this capacity she conducted research in Latin America on the global debt crisis, gender, social movements, and health outcomes. Dr. Noonan has been the recipient of several prestigious awards, including a Fulbright Scholarship and a MacArthur Fellowship.

New Senior Injury Prevention Specialist: CDC Motor Vehicle Team

CDC's Division of Unintentional Injury Prevention is pleased to announce that CDR Holly Billie, MPH, has joined the Motor Vehicle Team as a Senior Injury Prevention Specialist. Holly will work on projects and issues related to injury prevention among American Indians and Alaska Natives. Prior to this position Holly worked as an Injury Prevention Specialist with the Indian Health Service in Nevada, Alaska, New Mexico, and Arizona.

NCIPC Colleague of the Month Award Recipients

Nisha Farrell, July

Dionne Williams, September

RECENT *injury* PUBLICATIONS

Prevention Factors for Suicide Ideation Among Abused Pre/early Adolescent Youths

Suicide ideation is a problem among youths who have been previously abused. This study, published in the [Journal of Injury Prevention](#) (August 2009 issue), assesses whether three factors (i.e., feeling connected to school, having parents who reward good behavior, and feeling able to cope with peer conflict) are negatively associated with suicidal ideation for 2,598 pre/early adolescents with various levels of prior abuse.

Victimization by Peers and Adolescent Suicide in Three US Samples

This study, published in the [Journal of Pediatrics](#) (July 2009 issue), investigated the association between victimization by peers and suicidal ideation and behavior in three samples of adolescents in the US. Secondary analysis of data from three cohorts of adolescents: (1) A nationally representative survey conducted by the Carolina Population Center, Wave I of the National Longitudinal Study of Adolescent Health, collected in 1994-95 when adolescents were in grades 7 through 12; (2) A nationally representative survey conducted by the Centers for Disease Control and Prevention, the Youth Risk Behavior Surveillance System, in 2005; (3) A survey conducted by the Centers for Disease Control and Prevention in a high-risk community in 2004.

Falls and Fear of Falling: Burden, Beliefs, and Behaviors

This study, published in the [Journal of Age and Aging](#) (July 2009 issue), estimated the frequency of recent falls and prevalence of fear of falling among adults aged 65 and older. Data were obtained from a cross-sectional, list-assisted, random-digit dialed telephone survey of U.S. adults from 2001 to 2003. Participants consisted of 1,709 non-institutionalized adults aged 65 or older who spoke either English or Spanish. An estimated 3.5 million, or 9.6%, of older adults reported falling at least once in the previous 3 months. About 36.2% of all older adults said they were moderately or very afraid of falling. Few older adults who fell in the previous 3 months reported making any changes to prevent future falls. The high prevalence of falls and fear of falling among U.S. older adults is of concern. Both can result in adverse health outcomes including decreased quality of life, functional limitations, restricted activity, and depression. Older adults' fear of falling and their reluctance to adopt behaviors that could prevent future falls should be considered when designing fall prevention programs.

Driver- and Passenger-Based Estimates of Alcohol-Impaired Driving in the U.S., 2001–2003

The objective of this study, published in the [American Journal of Preventive Medicine](#) (June 2009 issue), was to estimate the annual number of driver- and passenger-reported episodes of AID and explore the effect of sociodemographic characteristics and drinking patterns on both behaviors. Data from a nationally representative random digit-dial telephone survey of U.S. adults were analyzed in 2007. From July 23, 2001, to February 7, 2003, an estimated 7 million drivers reported 190 million annual episodes of AID, and an estimated 10.5 million passengers reported 290 million annual episodes of AID. A comparison of estimates from this survey to those from a similar survey conducted in 1994 shows that episodes of both driver- and passenger-reported AID have increased by slightly more than 50%.



Make Safety a Priority on Your School Agenda

You've probably noticed some changes in your communities over the past several weeks: yellow buses are in the mix of morning commuters; significantly fewer children are out and about during the day; store shelves fill with a myriad of school supplies, only to quickly empty again. Yes, once again, school is back in session; and safety is back on the agenda for parents and educators alike.

....Read more at the [Director's View Blog](#)

Tell us what you think...

We welcome your feedback on the Injury Center Connection.

Please contact Nisha Farrell at Nisha.Farrell@cdc.hhs.gov.

The *Injury Center Connection* is produced quarterly by the Centers for Disease Control and Prevention's (CDC) National Center for Injury Prevention and Control (NCIPC).



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